


<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 0471-0286PUS1	
Application No. 10/501,030-Conf. #3120	Filing Date August 12, 2004	Examiner M. C. Henry	Art Unit 1623		
Applicant(s): Norbert E FUSENIG et al.					
Invention: BIOMATERIALS BASED ON HYALURONIC ACID FOR THE ANTI-ANGIOGENIC THERAPY IN THE TREATMENT OF TUMORS					
<b>MS Amendment</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	18	- 35 =	0	x 50.00	0.00
<b>Independent Claims</b>	1	- 3 =	0	x 200.00	0.00
<b>Multiple Dependent Claims (check if applicable)</b> <input checked="" type="checkbox"/>					
<b>Other fee (please specify):</b>					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Leonard R. Svensson Attorney Reg. No.: 30,330				Dated: <u>September 26, 2007</u>	
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